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Consideration of reports of States parties

List of issues in relation to the combined fifth to seventh periodic reports of Angola

Addendum

Replies of Angola to the list of issues*

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Introduction

1. The Government of Angola (executive branch) thanks the Committee on the Rights of the Child for its preliminary analysis of the combined fifth to seventh periodic reports of Angola on its implementation of the Convention on the Rights of the Child.

2. The Angolan authorities, in keeping with their cooperation with the United Nations system in all areas, are pleased to submit the replies and additional information requested by the Committee.

3. These replies to the list of issues have been produced by the Intersectoral Committee for the Preparation of National Human Rights Reports.

Clarifications on the list of additional issues

Part I

1. Status and work of the National Council for Social Action

4. The National Council for Social Action was established by Presidential Decree No. 137/16 of 17 June. The Council is a consultative body that provides support for the implementation of public policies for the promotion and protection of the rights of children, older persons, persons with disabilities and other particularly vulnerable groups. It is a legally established entity and has financial and administrative autonomy. The duties of the Council include: (a) promoting and supporting the development of a comprehensive national action plan in line with the executive branch's social integration programmes and projects; (b) ensuring the necessary coordination among the social welfare agencies that generate project-implementation synergies; (c) fostering the effective implementation of public policies for the promotion and protection of the rights of target groups; (d) supporting efforts to plan and assess the implementation of sectoral policies directed towards target groups in such sectors as education (including higher education), health, employment, social security and welfare, transport, trade, culture, tourism, sports, leisure, urban planning and construction, the economy and physical rehabilitation; (e) issuing opinions on sectoral budget proposals and suggesting any changes that may be necessary for successful policy implementation; and (f) implementing and supporting policies and actions at the provincial level.

5. Pursuant to article 9 of the Council's charter, provincial governors are empowered to establish provincial councils for social action that act as the organizational components of the Provincial Commission for Social Consultation, Children and Persons with Disabilities.

6. The Council has a stand-alone budget that is largely funded by allocations from the general government budget. In 2017, it had a budget of 427,116,891 kwanzas.

7. As part of the country's new organizational structure, the functions of the former Council for the Child and Council on Persons with Disabilities are being carried out at the municipal level and are currently undergoing reformulation.

2. Specific mandate of the Ombudsman (*Provedoria de Justiça*) to receive and investigate complaints from children and those submitted on their behalf, the Ombudsman's budget and the presence of the Office of the Ombudsman in the provinces

8. Article 30, paragraph 2, of Act No. 4/06 of 28 April (the charter of the Office of the Ombudsman) states that the Ombudsman is to have a hotline for receiving complaints from the public, including children, older persons, persons with disabilities and prisoners, in accordance with the terms to be negotiated with the relevant agencies.

9. The Office of the Ombudsman is now represented in Luanda Province and in five other provinces: Bengo, Cabinda, Cunene, Huambo and Kwanza Sul. Branch offices are due to open soon in the provinces of Benguela, Lunda Norte, Moxico and Uíge, and there

are plans to ensure that the Office is represented in every province in the country. The Office of the Ombudsman receives complaints from anywhere in the country and has its own budget.

3. Sustainability of social investments for children in the context of the current financial crisis and measures to combat corruption as an impediment to the implementation of the Convention

10. The steep fall in the price of oil on international markets that began in June 2014 caused an economic slowdown and a spike in inflation. The Government's two key policy responses to the financial crisis were Presidential Decree No. 56/15 of 5 March, under which measures to address the current economic situation were adopted, and Presidential Decree No. 40/16 of 24 February, under which the main components of a strategy for emerging from the crisis were adopted.

11. The Government, spurred by a pressing need to adopt a coherent package of basic economic measures to improve the situation, adopted Presidential Decree No. 258 of 27 October 2017, which sets out a medium-term plan containing policy measures and initiatives to improve the macroeconomic situation, drive economic growth, boost employment and address the ongoing needs of the people; one of the courses of action provided for in the plan is directed towards ensuring the sustainability of social investments for children.

12. Angola is a party to the United Nations Convention against Corruption and African Union Convention on Preventing and Combating Corruption.

13. The need to combat corruption is also addressed in Act No. 3/14 of 10 February (chapter VII).

14. In addition, countering corruption is one of the main objectives of the new Government, as indicated in President João Lourenço's Plan of Government, and an array of measures, ranging from the adoption of new legislation to the strengthening of prevention and punishment mechanisms, is being taken to attain this objective.

15. A number of corruption cases are about to be heard by the courts. Several cases have been examined and tried in line with the Government's strategy for combating corruption.

4. Minimum age for marriage and exceptions thereto and measures taken to combat polygamy, including polygamy involving children

16. Under article 24 of the Family Code, which is in force throughout the country, only persons 18 or older may marry.

17. The exceptions provided for in article 24, paragraphs 2 and 3, under which boys may marry at 16 and girls at 15, are invoked only when marriage is in a child's best interests.

18. The Commission for Judicial and Legal Reform is reviewing the Family Code, and matters relating to marriage are one of the aspects being studied. In urban areas, it is uncommon for those exceptions to be made. Such child marriages as take place are celebrated in accordance with cultural practices.

19. Polygamy is prohibited by law in Angola; the cases of polygamy that occur are consistent with traditional practices.

20. The Ministry for Social Action, the Family and the Advancement of Women is conducting campaigns to raise awareness of the undesirability of early pregnancy, early marriage and polygamy.

5. Statistical data on children whose births are registered and measures taken to: (a) increase the percentage of children who are registered and have identity cards; (b) register all children born to foreigners in the State party; and (c) address the main reported barriers to birth registration

21. The President of Angola issued Order No. 80/13 of 5 September and Executive Decree No. 309/13 of 23 September, which do away with fees for birth certificates and

identity documents (the fees having been identified as one of the main obstacles to the acquisition of such documents).

22. From September 2013 to December 2017, the nationwide registration of a total of 6,599,897 persons, including both minors and adults, was conducted under the terms of this presidential order; 3,010,058 of these persons were male and 3,589,779, or 54.3 per cent, were female.

Table 1
Civil registration from September 2013 to 29 December 2017, by province

Province	*Male*	*Female*	*Total*
Bengo	31 440	51 625	83 065
Benguela	259 645	287 708	547 353
Bié	135 165	139 493	274 658
Cabinda	46 506	48 097	94 603
Kuando Kubango	114 097	119 341	233 438
Kwanza Norte	73 760	71 826	145 586
Kwanza Sul	228 984	272 772	501 756
Cunene	149 229	455 051	604 280
Huambo	214 759	291 903	506 662
Huila	214 480	226 172	440 652
Luanda	884 499	919 236	1 803 735
Lunda Norte	69 424	68 570	137 994
Lunda Sul	42 411	51 137	93 548
Malanje	98 482	98 222	196 704
Moxico	179 407	198 760	378 167
Namibe	54 160	58 097	112 257
Uige	178 083	179 908	357 991
Zaire	35 527	51 861	87 388
Total	**3 010 058**	**3 589 779**	**6 599 837**

Source: Ministry of Justice and Human Rights.

23. From 2013 to 2017, according to figures from the Ministry of Justice and Human Rights, 1,206,172 minors, of whom 336,588 were from 6 to 11 years old and 869,584 were from 12 to 17, received identity cards. All Angolans over the age of 6 must have identity cards.

24. Mass registration campaigns and the "Be Born a Citizen" campaign have been launched to increase the rate of birth registration and do away with obstacles to registration. The campaigns, conducted with the support of the United Nations Children's Fund (UNICEF) and the European Union, seek to bring registration services closer to the public with the help of mobile units, the establishment of registration units in maternity clinics and the pre-registration of births by traditional birth attendants.

25. Children born to foreign refugees in Angola are covered by the Angolan birth registration system and acquire their parents' nationality.

6. Prohibition of all forms of violence against children on the occasion of the ongoing revision of the Family Code

26. Violence against children is prohibited by law and specifically by Act No. 25/12 of 22 August. Article 53 (1) of that law established the Comprehensive Child Protection and Development System, while article 53 (3) states that the System's operations are to be coordinated by the National Council for Social Action.

27. Domestic Violence Act No. 24/11 also addresses the protection of children from violence and provides for monitoring and preventive measures. The objectives of the Executive Plan to Combat Domestic Violence 2012–2017 (Presidential Decree No. 26/13 of 8 May) are to prevent domestic violence, protect victims and take increasingly effective multisectoral measures to guarantee comprehensive, humane and high-quality care for victims of violence.

28. Within the framework of this plan, the National Criminal Investigation Service set up a specialized department to deal with complaints of domestic violence. The Ninth Section of the Ordinary Offences Division for the provincial courts was also established to deal with domestic violence cases.

29. In 2016, the Ministry for Social Action, the Family and the Advancement of Women of Angola set up a free hotline — SOS Domestic Violence 15020 — for victims of domestic violence.

30. There is also a national strategy for preventing and combating violence which is coupled with a national plan to combat violence against children.

31. Assessments of the impact of the actions that have been taken at different levels show that there have been both steps forward and setbacks, including:

(a) Increased public awareness of domestic violence and, as a result, an increase in the reporting of cases calling for the deployment of any or all of the various services that are available (judicial intervention, the provision of shelter, referrals, medical treatment, social assistance, counselling and other appropriate responses). The increase in the number of reported cases may, at first glance, suggest that the situation is worsening; properly interpreted, however, it can be seen as a positive indicator;

(b) A drop in the number of cases, by type and by frequency, over the longer term.

32. Article 7 (prohibited acts) of the Act on the Protection and Development of the Child (Act No. 25/12 of 22 August) states that children must not be subjected to neglectful, discriminatory, violent or cruel treatment or any form of exploitation or oppression and that all acts that result in violations of those prohibitions shall be punished by law.

33. In Angola, corporal punishment of children, when administered by an official in any setting, whether within the country's borders or elsewhere, is a crime and, depending on how it is characterized, it can be categorized as simple bodily harm, grievous bodily harm or bodily harm through negligence. As such, it is punishable by imprisonment or a fine, depending on the specific case.

7. Female genital mutilation and the new Criminal Code

34. Under the draft Criminal Code (currently before the National Assembly), female genital mutilation is criminalized as a harmful practice, even though it is not a common practice among the ethnic groups of Angola.

8. Regulation of adoption and steps towards the ratification of the Convention on Protection of Children and Cooperation in respect of Intercountry Adoption

35. Adoption is covered by specific legislation — articles 197 to 219 of the Family Code, in particular — whose core objective is to ensure the social, moral and emotional protection of adopted children by fostering the creation of a bond between them and their adoptive parents equal to that existing between children and their biological parents and entailing exactly the same rights and duties.

36. The law, giving consideration to the best interests of the child, establishes stringent requirements for the adoptive parent, who must:

(a) Be at least 25 years of age and in full possession of his or her civil rights;

(b) Be morally suitable and exhibit good social behaviour, especially in family relations;

(c) Have the financial capacity to support and raise the adopted child;

(d) Be of sound mind and body and at least 16 years older than the adopted child.

37. The law requires that the child be:

(a) Under 18 years of age and of unknown parentage;

(b) Abandoned, whether housed in a public institution or not.

38. The following persons may adopt:

(a) Spouses who are not separated and partners in recognized or potentially recognizable de facto unions;

(b) A husband, wife or partner in a de facto union (with regard to his or her spouse's or partner's children);

(c) Single persons.

39. The adopted child takes the adoptive parent's surname. It is possible to issue a new birth certificate. Adoption is irrevocable.

40. It should be noted that the legal and other requirements mentioned above apply to both Angolan and foreign nationals.

41. Angola agreed to accede to the Convention on Protection of Children and Cooperation in respect of Intercountry Adoption by National Assembly resolution No. 54/12 of 14 December. All that remains is for the Government to deposit the instruments of ratification.

9. Impact of the implementation of the Persons with Disabilities Act (Act No. 21/12 of 2012) and Presidential Decree No. 207/14 of 2014 on the Intervention Strategy for the Social Inclusion of Children with Disabilities

42. The Persons with Disabilities Act (Act No. 21/12) has had a direct impact on the promotion and protection of the rights of persons with disabilities, including children with disabilities. This law focuses on recognizing new rights for persons with disabilities and the inclusion of such persons in social life, working life and many other areas. Legislation designed to strengthen this law — the Accessibility Act (Act No. 10/16 of 27 July) and a national special education policy for inclusion in school (Presidential Decree No. 187/17 of 16 August) — have been adopted since then.

43. Presidential Decree No. 207/14 of 15 August on the Intervention Strategy for the Social Inclusion of Children with Disabilities seeks to ensure support for children with disabilities in five specific areas: intervention, habilitation and rehabilitation, special education, social welfare and accessibility.

44. The National Special Education Policy for Inclusive Schooling (Presidential Decree No. 187/17 of 16 August) has strengthened the Intervention Strategy for the Social Inclusion of Children with Disabilities. The aim of this policy is to define norms and action strategies to ensure that the regular Angolan education system provides access to high-quality education for all, with no exceptions, and in particular for students with disabilities, students on the autism spectrum and highly gifted students.

45. The overall objective of the executive authorities is to promote human and educational development based on lifelong education and learning for all Angolans. In a bid to achieve that objective, action is taken against the backdrop of a set of specific, high-priority objectives, such as reducing social and geographical inequalities in access to education.

46. Angola has 20 special schools and 775 inclusive schools located in 16 of the country's 18 provinces.

Table 2
Latest figures from the National Special Education Institute (2015)

Province	*Students enrolled*	*Province*	*Students enrolled*
Benguela	2 495	Kwanza Sul	2 902
Bengo	1 216	Luanda	2 385
Bié	1 685	Lunda Norte	1 181
Cabinda	1 441	Lunda Sul	790
Cunene	734	Namibe	1 668
Huíla	3 354	Malanje	1 249
Huambo	363	Moxico	2 409
Kuando Kubango	806	Uíge	1 589
Kwanza Norte	1 182	Zaire	1 018
Total			**28 467**

Source: National Institute of Statistics.

47. The enrolment figures for students with disabilities, most of whom attend special or inclusive schools, can be broken down as follows:

(a) 8,337 with intellectual disabilities;

(b) 6,990 with hearing impairments;

(c) 3,134 with physical disabilities;

(d) 2,868 with vision impairments;

(e) 2,374 with behavioural disorders;

(f) 1,707 with multiple disabilities;

(g) 1,357 with serious language-based disabilities.

48. Other results of these policies include:

- The resizing of special education schools and their incorporation into core groups of schools taking part in an incremental process of increasing inclusiveness in the general education system
- The creation of multifunctional rooms for use in the provision of specialized educational assistance, psychotherapy and additional learning support for students with special educational needs in all parts of the country
- The organization of a number of awareness-raising campaigns aimed at administrators and other educational personnel and communities which have made it possible to increase the number of students with special educational needs who are receiving appropriate forms of educational support
- The provision of special education training, including training in sign language interpretation and training for specialists in Braille, to more than 1,700 teachers
- The production of a handbook on deafness and the first volume of a digital dictionary
- The annual mobilization of public funding for the development and expansion of special education
- The acquisition and/or production and distribution of special-purpose materials and equipment, including motor vehicles
- The establishment of a Braille workshop for the transcription, translation and production of school material (including handbooks, guidebooks and programmes) in Braille and for other special materials
- The establishment of provincial special education offices

10. Measures to improve children's access to primary health-care services, reduce maternal and infant mortality, eradicate malnutrition and address other aspects of children's health

49. As part of the National Health Development Plan 2012–2025 and its strategy for boosting infant, neonatal and maternal survival rates, the Ministry of Health has provided for an increase in the availability of the comprehensive package of essential health-care services and for comprehensive health care for women and newborn children at all levels of the country's health system. The nationwide initiatives included in this comprehensive package, such as immunization campaigns, the distribution of vitamin A, albendazole and long-lasting insecticide-treated mosquito nets and the early treatment of infections, have proved effective in preventing maternal deaths and reducing the duration and severity of the most frequent childhood diseases that can lead to other complications, such as malnutrition.

50. As part of the effort to decentralize the provision of health services and thus to ensure the availability of high-quality health services for the promotion of good health and the prevention and treatment of the most widespread illnesses by bringing health services closer to the people, the expansion of some health facilities and infrastructure has been accompanied by the assignment of an annual budget specifically for primary health care in the country's municipalities.

51. The implementation of programmes such as the Comprehensive Package of Maternal and Child Health Care, which includes family planning, antenatal consultations, vaccination, childbirth assistance, postnatal consultations, newborn care, emergency obstetric and neonatal care and check-up to monitor children's growth and development, has helped reduce maternal and child mortality.

52. Drawing on the results of the 2014 general population census, the National Institute of Statistics and the Ministry of Health conducted a multiple health indicator cluster survey in 2015–2016 and published the findings in a report on core indicators. The findings show that there has been progress: life expectancy rose from 48 years for both sexes in 2009 to 60 years in 2014, while infant mortality fell from 116 deaths per 1,000 live births to 44. The under-5 mortality rate fell from 194 per 1,000 to 68 per 1,000 in 2015. The number of pregnancy-related deaths of women aged 15 to 49 years was 239 per 100,000 live births.

53. Some indicators relating to children, such as the rate of full vaccination coverage (31 per cent), continue to warrant particular attention.

54. The Comprehensive Immunization Programme, in collaboration with the World Health Organization, UNICEF and the Global Alliance for Vaccines and Immunization (GAVI), has made a determined effort to support immunization initiatives throughout the country, with a particular focus on children who are not vaccinated or incompletely vaccinated in a bid to improve coverage and comply with the national vaccination schedule.

55. Angola was declared free from new cases of polio in 2015.

56. According to the findings of the 2015–2016 Multiple Indicator and Health Survey, 47 per cent of children from 12 to 23 months of age and 35 per cent of children from 24 to 35 months of age have a vaccination booklet. According to the information noted down in those booklets by mothers or other persons, 3 out of every 10 children from 12 to 23 months of age (or 31 per cent) and a fourth of those from 24 to 35 months of age (26 per cent) have received all the basic vaccines. However, only 28 per cent of children from 12 to 23 months and 22 per cent from 24 to 35 months of age were given those vaccinations at the right age. Seventy-two per cent of children were given the BCG vaccine, while 56 per cent were vaccinated against measles. On the other hand, 40 per cent of the children were given the three doses of a five-in-one vaccine and 42 per cent were given the three doses of the polio vaccine. In the two years preceding the survey, 29 per cent of children from 12 to 23 months of age who were given the first dose of the DTP vaccine did not complete the three-vaccine series, while 26 per cent of those given the first dose of the polio vaccine did not complete the series.

57. The epidemiological monitoring system, which operates at the level of the communes, municipalities and provinces, provides regular reports on the main notifiable diseases. In the event of an epidemic, a national response plan is implemented with the

support of domestic and international partners. This plan calls for the establishment of an epidemic response committee to coordinate comprehensive vector control actions, social mobilization efforts, vaccination drives, the distribution of insecticide-treated mosquito nets and epidemiological surveillance, as appropriate.

58. An agreement with Brazil on the establishment and operation of a human milk bank was recently signed in coordination with the Brazilian Cooperation Agency. The aim is to reduce the percentage of children suffering from malnutrition.

11. Prevention of early pregnancy, sexual and reproductive health programmes for young people and treatment of HIV/AIDS

59. The National Sexual and Reproductive Health Plan is designed to raise awareness of matters relating to sexual and reproductive health among adolescents and played a part in bringing about a drop in the rate of pregnancy among girls under 15 years of age from 1.6 per cent in 2014 to 1.3 per cent in 2015. In addition, a comprehensive health initiative for adolescents and young adults is being developed in cooperation with the United Nations Population Fund, UNICEF, the United States Agency for International Development (USAID), the Ministry of Education, the Ministry for Social Action, the Family and the Advancement of Women and the Ministry for Social Communication.

60. Free family planning consultations are provided at all the country's general hospitals, health centres and maternity clinics. Contraceptives are distributed free of charge at clinics, hotels and other locations.

61. The Ministry for Social Action, the Family and the Advancement of Women launched a national campaign under the slogan "Together against Early Pregnancy and Early Marriage in Angola" on 29 July 2015. The campaign has included awareness-raising talks in schools, courses and the distribution of booklets on the causes and consequences of early pregnancy at youth fairs held in collaboration with the Ministry of Justice and Human Rights and civil society.

62. A proposal for a national strategy on preventing early pregnancy and early marriage for the period 2018–2022 is soon to be adopted. Priority measures aimed at combating early pregnancy and early marriage have been identified by State institutions, civil society, the private sector, churches and other stakeholders as a means of protecting the rights of children and adolescents.

63. The Angolan Government has been focusing on the issue of early pregnancy for some time. In Angola, many adolescent girls have already begun their reproductive lives, as indicated by the fact that slightly more than one third (35 per cent) of adolescent girls between the ages of 15 and 19 who responded to the 2015–2016 Multiple Indicator and Health Survey already had one or more live-born children or were pregnant for the first time.

64. The National Institute for the Fight against AIDS has taken steps, with an emphasis on universal access, prevention, diagnosis and the treatment of persons living with HIV/AIDS, to help ensure that the targets set out in the National Health Policy are reached. Priority has been given to such measures as making services for the prevention of mother-to-child transmission of HIV an integral part of prenatal care, adding antiretroviral therapy and the treatment of sexually transmitted infections to the list of decentralized health services offered at the municipal level, developing a national plan for the elimination of mother-to-child transmission of HIV/AIDS, producing a handbook for nurses on antiretroviral therapy as part of a new approach to HIV prevention and treatment for expecting mothers and monitoring the development of resistance to antiretroviral drugs.

65. The principal prevention campaign in Angola has been conducted with the help of television and radio programmes, training for peer trainers, conferences, workshops, forums, debates, the distribution of condoms and educational material and face-to-face interaction with a range of stakeholders, all with the aim of promoting safe behaviour, voluntary testing and free antiretroviral therapy.

66. The estimated HIV prevalence rate is 2.1 per cent and the hardest-hit provinces are Cabinda, Cunene, Luanda and Kuando Kubango.

12. School enrolment rate and impact of measures taken by the State party to protect and promote the right of the child to education

67. The information available on school enrolment rates shows that the numbers of students in school are as follows:

- **Preschool**: 172,703 (of whom 79,885, or 46.2 per cent, were girls) in 2014; 740,853 (of whom 342,639, or 46.2 per cent, were girls) in 2015; and 784,246 (of whom 367,523, or 46.86 per cent, were girls) in 2016
- **Primary school:** 1,424,811 (of whom 701,679, or 49.2 per cent, were girls) in 2014; 5,094,935 (of whom 2,399,034, or 47.0 per cent, were girls) in 2015; and 5,569,947 (of whom 2,546,227, or 45.7 per cent, were girls) in 2016
- **Lower secondary school:** 313,040 (of whom 150,569, or 48.0 per cent, were girls) in 2014; 1,289,597 (of whom 531,863, or 41.2 per cent, were girls) in 2015; and 1,504,219 (of whom 564,409 were girls) in 2016
- **Upper secondary school:** 173,992 (of whom 83,467, or 48.0 per cent, were female) in 2014; 453,810 (of whom 204,604, or 57.0 per cent, were female) in 2015; and 510,370 (of whom 229,892, or 45.0 per cent, were female) in 2016

68. These figures show that the number of students enrolled in lower secondary school increased by 976,357 from 2014 to 2015 and by 214,822 from 2015 to 2016. The number of students enrolled in upper secondary school increased by 279,818 from 2014 to 2015 and by 56,560 from 2015 to 2016.

69. These statistics show that:

- The student population rose from 5,754,959 in 2008 to 8,401,239 in 2016, for an increase of more than 3 million
- The gross enrolment rate in primary and secondary schools rose from 13.19 per cent in 2014 to 97.5 per cent in 2016
- The literacy rate for persons in the 15–24 age group rose from 76 per cent in 2008 to 85.6 per cent in 2016; the rate is 69.1 per cent in urban areas and 30 per cent in rural areas
- In the period 2014–2016, the attendance rates for preschool, primary school and secondary school were 46 per cent, 47 per cent and 42 per cent, respectively

70. An awareness-raising and family support programme for parents and guardians has been developed in order to increase school attendance rates.

71. Children belonging to minority or indigenous groups are guaranteed non-discriminatory access to education on an equal footing with other children. Asylum-seeking children are also guaranteed equal access.

72. In order to ensure that the children of the country's nomadic population groups (in the provinces of Namibe, Huíla and Cunene) have access to education, the Ministry of Education, working together with churches and non-governmental organizations, runs special programmes in areas where seasonal migration is common. A survey on the quality and availability of schooling for nomadic and minority ethnic groups was taken in 2015 and will serve as a basis for the development of a national strategy for enhancing the accessibility of education for nomadic and minority ethnic groups in Angola.

Part II

13. Updated information

73. Legislation:

- Act No. 7/15 of 15 June on employment
- Act No. 25/15 of 18 September on asylum and refugee status
- Act No. 10/16 of 27 July on accessibility

- Framework Act No. 17/16 of 7 October on the education system
- Presidential Decree No. 187/17 of 16 August establishing a national policy on special education for inclusive schooling.

74. New institutions:

- National Council for Social Action (see question 1, para. 4).

75. Policies, programmes and action plans:

- Programme for the construction of media libraries, public libraries and multipurpose facilities for use, in cooperation with social partners, in putting on reading, art, music, theatre and dance contests to instil cultural values, especially in children

76. Recent ratifications of international instruments:

- Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of the death penalty, signed on 24 September 2013 (ratification is in progress)
- International Convention on the Elimination of All Forms of Racial Discrimination, signed on 24 September 2013 (ratification is in progress)
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and its Optional Protocol, signed on 24 September 2013 (ratification is in progress)
- Convention on the Rights of Persons with Disabilities and its Optional Protocols, ratified by National Assembly resolution No. 1/13 of 11 January 2013
- International Convention for the Protection of All Persons from Enforced Disappearance, signed on 24 September 2013 (ratification is in progress)

Part III

14. Budget lines relating to children and social sectors (past three years)

Table 3
Budget allocations for children (2015–2017)

	2015	*2016*	*2017*
Preschool education	126 180 342.90	1 183 796 850.00	
Primary education	306 036 885 236.48	287 914 459 134.80	8 677 418 754.51
Secondary education	59 018 809 477.75	101 505 350 194.20	19 599 931 113.97
Family and childhood	7 279 293 930.37	7 468 879 725.00	14 821 487 057.94
Maternity services in medical centres	53 184 719 317.94	53 630 450 544.00	5 561 067 234.065
Subsidiary educational services	28 652 997 214.182	13 613 670 974.00	3 314 673 316.71

Source: Ministry of Finance.

Table 4
Budget allocations for the main child-specific programmes

	2015	*2016*	*2017*
Support programme for child and adult care institutions	504 637 485.00	1 043 887 823.00	1 319 789 004.00
Programme to protect and promote children's rights	268 792 319.00	69 161 551.00	238 298 096.00

Source: Ministry of Finance.

15. Statistical data for the past three years on children living with and/or affected by HIV/AIDS and other sexually transmitted diseases, on early pregnancies and abortions and on drug and alcohol abuse

77. Children living with and/or affected by HIV/AIDS and other sexually transmitted diseases:

Table 5
HIV-positive children, by sex and age (2015–2017)*

	Sex		
Age (years)	*Female*	*Male*	*Total*
0–2	1 853	1 796	3 649
3–14	2 151	1 756	3 907
Total	**4 004**	**3 552**	**7 556**

Source: Epidemiological Monitoring Department/National AIDS Institute.
* Preliminary data.

Table 6
HIV-positive children, by sex, age and year (2015–2017)*

	2015			*2016*			*2017**		
Age (years)	*F*	*M*	*T*	*F*	*M*	*T*	*F*	*M*	*T*
0–2	827	835	1 662	610	590	1 200	416	371	787
3–14	884	683	1 567	580	469	1 049	687	604	1 291
Total	**1 711**	**1 518**	**3 229**	**1 190**	**1 059**	**2 249**	**1 103**	**975**	**2 078**

Source: Epidemiological Monitoring Department/National AIDS Institute.
* Preliminary data.

Table 7
HIV-positive children, by sex, age and province (2015)

	2015					
	0–2			*3–14*		
Province	*F*	*M*	*Total*	*F*	*M*	*Total*
Bengo	13	12	25	10	9	19
Benguela	42	49	91	49	44	93
Bié	18	13	31	15	8	23
Cabinda	24	14	38	49	39	88
Cunene	28	38	66	46	20	66
Kuando Kubango	31	25	56	36	20	56
Kwanza Norte	7	9	16	11	6	17
Kwanza Sul	7	20	27	12	14	26
Huambo	50	48	98	25	33	58
Huíla	33	70	103	30	35	65
Luanda	454	416	870	446	330	776
Lunda Norte	34	34	68	51	45	96
Lunda Sul	20	27	47	41	34	75
Malanje	2	2	4	0	2	2
Moxico	29	27	56	28	14	42

	2015					
	0–2			3–14		
Province	*F*	*M*	*Total*	*F*	*M*	*Total*
Namibe	11	14	25	17	8	25
Uige	18	14	32	8	15	23
Zaire	6	3	9	10	7	17
Total	**827**	**835**	**1 662**	**884**	**683**	**1 567**

Source: Epidemiological Monitoring Department/National AIDS Institute.

Table 8
HIV-positive children, by sex, age and province (2016)

	2016					
	0–2			3–14		
Province	*F*	*M*	*Total*	*F*	*M*	*Total*
Bengo	4	6	10	13	8	21
Benguela	42	25	67	38	42	80
Bié	12	13	25	9	6	15
Cabinda	19	11	30	24	24	48
Cunene	15	12	27	21	14	35
Kuando Kubango	10	3	13	11	7	18
Kwanza Norte	5	6	11	4	1	5
Kwanza Sul	3	6	9	12	12	24
Huambo	48	37	85	33	19	52
Huila	33	28	61	21	22	43
Luanda	359	361	720	304	237	541
Lunda Norte	3	8	11	12	5	17
Lunda Sul	27	38	65	35	24	59
Malanje	6	7	13	11	10	21
Moxico	10	13	23	12	14	26
Namibe	2	3	5	6	9	15
Uige	9	9	18	4	9	13
Zaire	3	4	7	10	6	16
Total	**610**	**590**	**1 200**	**580**	**469**	**1 049**

Source: Epidemiological Monitoring Department/National AIDS institute.

Table 9
HIV-positive children disaggregated by sex, age and province (2017)

	2017					
	0–2			3–14		
Province	*F*	*M*	*Total*	*F*	*M*	*Total*
Bengo	2	6	8	11	7	18
Benguela	3	4	7	10	6	16
Bié	12	5	17	12	6	18

	2017					
	0-2			3-14		
Province	F	M	Total	F	M	Total
Cabinda	21	16	37	31	21	52
Cunene	16	11	27	16	26	42
Kuando Kubango	11	10	21	10	6	16
Kwanza Norte	4	3	7	0	1	1
Kwanza Sul	5	6	11	58	41	99
Huambo	40	32	72	20	21	41
Huila	24	28	52	28	19	47
Luanda	202	178	380	398	354	752
Lunda Norte	9	6	15	4	6	10
Lunda Sul	28	29	57	29	22	51
Malanje	3	5	8	8	5	13
Moxico	15	13	28	23	33	56
Namibe	10	6	16	8	9	17
Uige	10	11	21	16	16	32
Zaire	1	2	3	5	5	10
Total	**416**	**371**	**787**	**687**	**604**	**1 291**

Source: Epidemiological Monitoring Department/National AIDS Institute.

* Preliminary data.

78. Early pregnancies and abortions:

- According to data compiled from the Multiple Indicator and Health Survey for 2015–2016, approximately one in three women aged 15–19 years has already started her reproductive life; the figure is 10 per cent for women 15 years of age and increases to 59 per cent for women 19 years of age
- Adolescent girls living in rural areas start their reproductive lives earlier than those in urban areas (49 per cent versus 29 per cent)
- Fifty-eight per cent of girls in this age group who have no formal schooling have already started their reproductive lives, which is roughly double the figure for girls who have completed their secondary or higher education (25 per cent)
- The results of the Multiple Indicator and Health Survey indicate that 7.1 per cent of 15 year olds, 18.6 per cent of 16 year olds, 24.9 per cent of 17 year olds, 42.7 per cent of 18 year olds and 51.2 per cent of 19 year olds have given birth and 3.3 per cent of 15 year olds, 5.4 per cent of 16 year olds, 7.3 per cent of 17 year olds, 4.6 per cent of 18 year olds and 8.2 per cent of 19 year olds were pregnant for the first time

Table 10

Percentage of women aged 15–49 who have started their reproductive lives, by area of residence

Urban	24.0 %	4.8 %
Rural	41.4 %	7.9 %

Source: 2015–2016 Multiple Indicator and Health Survey.

- Early pregnancy puts adolescent girls at a high risk of morbidity and mortality
- In recent years, this indicator has decreased from 2.2 per cent in 2016 to 1.9 per cent in 2017 overall, with some variation across provinces

- In 2017, pregnancy rates among adolescent girls under 15 years of age were above the national average (1.9 per cent) in six provinces: 8.3 per cent in Moxico; 6.7 per cent in Malange; 5.1 per cent in Uíge; 4.8 per cent in Lunda Norte; 3.3 per cent in Bengo; and 3.1 per cent in Lunda Sul
- The available data on pregnancies among women in the 15–24 age group indicate that the rates are fairly similar across the different provinces, ranging from 34 per cent in Moxico to 51 per cent in Kuando Kubango
- In the period from January to November 2017, the maternal mortality rate fell slightly (from 381 to 378 per 100,000 live births). In nine provinces, the rate was above the national average: 1,569 in Kuando Kubango; 568 in Moxico; 515 in Lunda Sul; 424 in Namibe; 467 in Huíla; 477 in Bié; 448 in Cuanza Sul; 416 in Kwanza Norte; and 381 in Benguela
- The largest increase in the maternal mortality rate was in the province of Lunda Sul, where it rose from 123 to 515 maternal deaths per 100,000 live births
- The largest reduction in the maternal mortality rate was in the province of Cuanza Norte, where it fell from 520 to 416 per 100,000 live births
- Abortion is one of the primary causes of maternal deaths among women of any age, accounting for 3 per cent in 2016 and 5 per cent in 2017
- Abortion was the fifth leading cause of maternal death in the country in 2016 (6 per cent), with higher rates of abortion-related maternal deaths in the provinces of Lunda Sul and Cabinda (14 per cent) and Zaire, Uíge, Moxico, Luanda and Cunene (6 per cent)

16. Statistical data for the past three years on abandoned children

79. In 2015–2017, the National Children's Institute registered 239 abandoned children: 65 in 2015, 111 in 2016 and 63 in 2017.

80. Of those 239 abandoned children:

(a) 59 (33 boys and 26 girls) were aged between 0 and 5 years;

(b) 114 (51 boys and 63 girls) were aged between 6 and 14 years;

(c) 66 (32 boys and 34 girls) were aged between 15 and 18 years.

81. Between 2015 and 2017, of the 104 children who were abandoned for economic reasons:

(a) 25 (14 boys and 11 girls) were aged between 0 and 5 years;

(b) 50 (26 boys and 24 girls) were aged between 6 and 14 years;

(c) 29 (14 boys and 15 girls) were aged between 15 and 18 years.

82. Of the 135 children who were abandoned by their families:

(a) 34 (19 boys and 15 girls) were aged between 0 and 5 years;

(b) 64 (28 boys and 36 girls) were aged between 6 and 14 years;

(c) 37 (18 boys and 19 girls) were aged between 15 and 18 years.

83. The 239 abandoned children were cared for in the following ways:

(a) Living with relatives: 72 children, of whom 18 (7 boys and 11 girls) were aged between 0 and 5; 29 (13 boys and 16 girls) were aged between 6 and 14 years; and 25 (12 boys and 13 girls) were aged between 15 and 18 years;

(b) Living in care institutions: 99 children, of whom 25 (13 boys and 12 girls) were aged between 0 and 5 years; 47 (24 boys and 23 girls) were aged between 6 and 14 years; and 27 (12 boys and 15 girls) were aged between 15 and 18 years;

(c) Living in adoptive families or in foster care: 68 children, of whom 16 (13 boys and 3 girls) were aged between 0 and 5 years; 38 (14 boys and 24 girls) were aged between 6 and 14 years; and 14 (8 boys and 6 girls) were aged between 15 and 18 years;

(d) There are a total of 131,164 children living in institutions.

17. Statistical data for the past three years on the number of children with disabilities

Table 11
Resident population with disabilities, by age group and sex

	Total		*Male*		*Female*	
Age group	*No.*	*%*	*No.*	*%*	*No.*	*%*
Total	**656 258**	**100.0**	**365 858**	**100.0**	**290 400**	**100.0**
0–4 years	50 786	7.7	26 449	7.2	24 338	8.4
5–14 years	113 325	17.3	59 789	16.3	53 536	18.4
15–24 years	108 778	16.6	57 551	15.7	51 227	17.6
25–64 years	326 390	49.7	192 665	52.7	133 724	46.0
65+ years	56 980	8.7	29 404	8.0	27 575	9.5

Source: National Institute of Statistics, 2014 Census

84. For statistical data on children with disabilities in mainstream primary and secondary schools and in special schools, please see the reply to question 9 in this document.

18. Statistical data for the past three years on children in conflict with the law

85. According to article 2 of Juvenile Courts Act No. 9/96, the purpose of the juvenile courts is to make use of supervisory, assistance and educational measures to ensure that minors subject to its jurisdiction are afforded the judicial protection, defence of their rights and interests and legal protection granted to them by the Constitution.

86. According to reports on the activities of the Department for the Prevention of Juvenile Delinquency of the National Criminal Investigation Service, a total of 1,989 cases involving 2,678 juveniles (2,458 males and 220 females) were registered in 2016 and 2017.

Table 12
Cases by type of offence (2016–2017)

Offences against property	1 310
Offences against the person	597
Offences against public order and peace	82
Total	**1 989**

Source: Ministry of the Interior.

Table 13
Education level of offenders (2016–2017)

Juveniles outside the education system	437
Primary education	1 457
Secondary education (first cycle)	585
Secondary education (second cycle)	209
Total	**2 688**

Source: Ministry of the Interior.

Table 14
Age of offenders (2016–2017)

11 years and under	188
12 years	286
13 years	417
14 years	693
15 years	1 094
Total	**2 678**

87. In total, 2,073 judicial proceedings were remitted to the juvenile courts, which handed down sentences ranging from probation in 2,059 cases, the imposition of rules of conduct in 726 cases and provisional release into the custody of parents or guardians in 193 cases.

19. Updates on data contained in the periodic report that may have become outdated

88. The most relevant data have been updated in the replies provided in this report.

20. Areas affecting children that may be considered as a priority with regard to implementation of the Convention

89. The main priority areas for the protection and promotion of children were defined during the Third National Forum on the Child in 2007. The commitments made in the following 11 areas in this respect were set forth in Resolution No. 5/08 of 18 January:

1. Life expectancy;
2. Food and nutrition security;
3. Birth registration;
4. Early childhood education;
5. Primary education;
6. Juvenile justice;
7. Prevention and impact mitigation of HIV/AIDS for families and children;
8. Prevention and mitigation of violence against children;
9. Family skills;
10. Children and social communication;
11. Children and the government budget.